

CITY OF SOMERVILLE

MASSACHUSETTS

OFFICE OF THE CITY CLERK

RENEWAL APPLICATION FOR GARAGE LICENSE

CATALDO AMBULANCE SERVICE
P.O. BOX 435, 137 WASHINGTON STREET
SOMERVILLE MA 02143

LIC #: 2010-107
B.O.A.# 179760

*** ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR ***

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work: ___ Parking or Storing Vehicles: ___
Washing Vehicles: ___ Spray Painting: ___ Operating a Tow Vehicle: ___

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13
This Certificate must be signed and filed with the required fee of \$500.00 not
later than April 30, 2010. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current
records below. Please print or type your information, except for signature.

Company Name: CATALDO AMBULANCE SERVICE TEL: 617-625-0126
Company Address: 00004 JOY ST (MUNREG)

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual: ___ Co: ___ Corp: X Trust: ___ Agency ___ Gov't Partner
Ship Other

Owner Name: CATALDO AMBULANCE SERVICE TEL: 617-625-0126

Owner Address: P.O. BOX 435, 137 WASHINGTON STREET

Owner City: SOMERVILLE State: MA Zip: 02143

FID#: 042621862

This renewal is being sent to you as a courtesy, please file on time. If this
renewal is not returned to City Clerk's office by 04/30/2010, please advise.

***** HOURS OF OPERSTIONS *****
MONDAY-FRIDAY: 08:00 AM-08:00 PM
SATURDAY: 08:00 AM-02:00 PM
SUNDAY: CLOSED

Very truly yours,

John J. Long
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----

-- GARAGE OPEN TO THE PUBLIC --

LICENSE #: 2010-107
FEE: \$500.00

This is to certify: CATALDO AMBULANCE SERVICE
has been licensed by the Mayor and the Aldermen of the City of Somerville.
Since 12/12/1957

Garage situated at: 00004 JOY ST (MUNREG)

Doing business as : CATALDO AMBULANCE SERVICE

Shall not exceed: 6 Vehicles Inside & 4 Vehicles Outside, not on public ways
in addition the following restrictions apply:

This renewal certificate must be signed by the holder of the license.

Check One: Owner X Occupant Holder

Signature of Applicant

137 Washington St

Address

Somerville, MA 02143

City State Zip

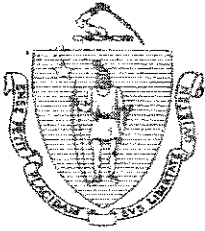
** Office Use Only **

Mailed

Taken

Received: 500.00 4/22/10

City Clerk



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street, 7th Floor
 Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information: Please PRINT legibly

name: Cataldo Ambulance Service, Inc.

address: 137 Washington St.

city: Somerville state: MA zip: 02143 phone #: 617-625-0126

work site location (full address): 4 Joy Street Somerville, MA 02143

- I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment Office Sales (including Real Estate, Autos etc.)
- I am an employer with 000 employees (full & part time). Other

I am an employer providing workers' compensation for my employees working on this job.

company name: Cataldo Ambulance Service, Inc.

address: 137 Washington Street

city: Somerville, MA phone #: 617-625-0126

insurance co. Crum & Forester/HUB International policy # 4086941481

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:

address:

city: phone #:

insurance co. policy #

company name:

address:

city: phone #:

insurance co. policy #

Attach additional sheet if necessary

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: *Robert A. Cataldo* Date: 4/5/10

Print name: Robert Cataldo, President Phone #: 617-625-0126

official use only do not write in this area to be completed by city or town official

city or town: _____ permit/license # _____ Building Department
 Licensing Board
 Selectmen's Office
 Health Department
 Other _____

check if immediate response is required

contact person: _____ phone #: _____
(revised Sept. 2003)



City of Somerville, Massachusetts
Finance Department, Treasury Division

WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.

CERTIFICATE OF GOOD STANDING

- Exact name of taxpayer/applicant's business: Cataldo Ambulance Service, Inc.
- Address of taxpayer/applicant's business in Somerville: 137 Washington Street
- Address of taxpayer/applicant's home in Somerville: _____
- Taxpayer/applicant's phone: day: 617-625-0126 evening: _____

I, Robert Cataldo, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 5 day of April, 2010.
Robert A. Cataldo
(Taxpayer's signature)

CITY'S ACKNOWLEDGEMENT

DATE OF ISSUANCE: _____ INCLUDES RELEVANT POSTINGS THROUGH: _____

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate Water/Sewer Personal Property Other: _____

03113130 # 145017011 # 10310035 # _____

NOTES:

CLERK'S INITIALS: 4

ORIGINAL STAMP:

received
4-22-10

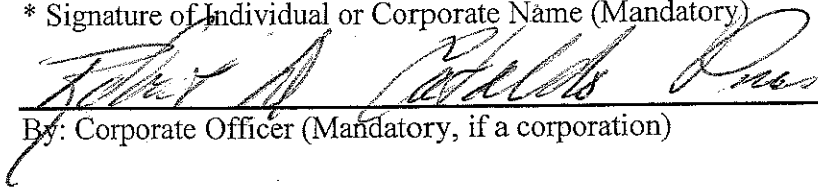
MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

Cataldo Ambulance Service, Inc.

* Signature of Individual or Corporate Name (Mandatory)



By: Corporate Officer (Mandatory, if a corporation)

04-2621862

** Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.